Performance and Quality Improvement (PQI)

2022 Annual Report

Person-centered	Integrity	Excellence	Equity

Team Work	Innovative	Respect	2023: Empathy

March 1, 2023

St. Mary's
HOME FOR CHILDREN
Healing Lives, Restoring Hope – Since 1877

Messages

A message from the Executive Director :

A big thank you to the PQI team for compiling this comprehensive report and being drivers of improvement at St. Mary's.

As you read this, you will note the inclusion of agency values throughout the report. During our recent strategic planning retreat, we all agreed to consistently and repetitively live and share our agency values to strengthen our culture. This report reinforces the values by attaching them to agency initiatives, so that you can see that our values and our desire for improvement are aligned.

Thank you to everyone who participates in PQI committees and processes. You make us better!

Carlene Gociane-McCa

A message from the Director of PQI and Operations:

It was a pleasure to compile this year's Annual Report. It reflects employee and board commitment to excellence for the benefit of the individuals we're privileged to serve.

A Report like this might make us feel vulnerable or imperfect, but it absolutely shouldn't. It should make us feel proud to work at an agency where it's OK to say 'this is where we need to grow', 'this is where we can do things differently', 'this is where we need help'. Our ability to honestly present our strengths and challenge areas models what we often partner with clients around: develop your talents, grow, change, minimize risks, accept help.

I'm incredibly proud to work at an agency that believes so strongly in the principles of continuous improvement. This Report is full of strengths and reflects the hard work of so many – thank you for your commitment!

Linda M Mobriant

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Our values

Consistent with our 2021 Annual PQI Report, we are highlighting the agency values which guide our work.

Innovative	We create new knowledge in our field, use creative solutions to solve problems and meet the needs of those we serve.
Equity	We meet each individual and family where they are to meet their unique needs through care that is both culturally and linguistically aware.
Person-centered	We partner with those we serve and individualize services to ensure that they have voice & choice in determining their desired outcomes.
Respect	We treat everyone with dignity, compassion, and an appreciation for their unique strengths.
Integrity	We are ethical, honest & trustworthy; we are transparent in all of our interactions; we are responsible stewards of our resources.
Excellence	We are committed to the use of evidence-informed practices in all that we do, and ensuring that staff are well trained and supported to deliver the highest quality services.
Collaborative	We seek to partner with others to build relationships and networks of support for those we serve.
2023: Empathy	**2023 Preview** New Value: **Empathy**

Recognizing the need for attention to succession planning in the immediate years ahead, we are also passing along bits of institutional knowledge where you see this symbol:

2022 Year End Dashboard

On Target	Meeting key performance indicator(s) (KPI); *Celebrate*	Monitor	Meeting an acceptable range KPI, but attention to improve	Attention/Action	Not meeting acceptable KPI range, action plan in place

Rate of Restraint

Clinical Records Outpatient Department

Clinical Records Residential Department

Employee Turnover

Performance Evaluations

Provision of Supervision

Medicaid Compliance

Culturally and Linguistically Appropriate (CLAS) Standards

Use of Isolation for COVID-19

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It Helpdesk

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Residential Milieu Youth Daily / Comm Log

Surveys

Termination & Exit Interviews (Retention)

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Standards of Excellence Training Program

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*Development Goals

Policy Reviews

Affirmative Action & Veterans Plans

Risk Prevention & Management

Business Continuity / Emergency Practice Activities

Program Census

License compliance and external reviews

Program Evaluations

Strategic Planning

Master Planning

*No data or report expected

60%

On Target

26%

Monitor

14%

Attention/Action

Celebrate the continual hard work of the Residential & School programs, who incorporate monthly data to drive their decisions & plans relative to restraint reduction.

Highlights include but are not limited to:

- .3 rate of restraint;
- Formally retrained all residential & school staff in the Six Core Strategies curriculum;
- Purchased that curriculum & require it as a part of onboarding;
- Engaged a clinical consultant to support Residential employees;
- Implemented a debrief process for all youth elopements;
- Engaged an in-house CSEC specialist to support Residential teams;
- Implemented a specific training curriculum designed to enhance onboarding of new residential supervisors.
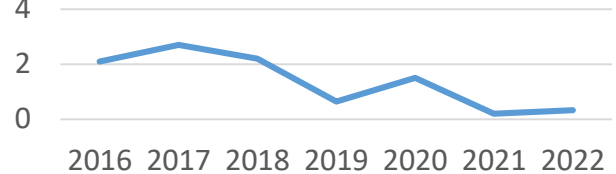
Person-centered	Excellence
Respect	Innovative

The rate of restraint increased from .2 in 2021 to .3 in 2022.

Monitor

2016 - 2022 Rate of Restraint

WHY: Youth are re-traumatized by every physical restraint. Youth should not be injured in care & employees should not be injured while at work.

| Person-centered	Excellence
Respect	Integrity
Equity	

In addition to quarterly auditing, systemic attention to **Timeliness of Progress Notes** continues as a part of the Medicaid (MCD) Compliance Plan. 2021 baseline data helped drive a MCD compliant policy change & created improvement targets for 2022. **Thank you to *all providers!*** Overall, Clinicians & Care Coordinators improved by 98%, and Residential Clinicians improved by 93%.

A **Billing Audit** was introduced as a part of the MCD Compliance Plan, and consisted of 8 audits & 2 'deep dives' into billing practices. Directors use results to make changes where needed, including engagement of a billing consultant to help us strengthen practices.

A **Medical Record Audit** of residential records continues to take place 2x per year. Results are used to identify training and work-flow improvements. **Congratulations to the Nursing staff** for improving on their already excellent baseline data in two of three areas!

Congratulations to the Outpatient Department for their efforts & achievement of substantial compliance every quarter!

Client Clinical Records

Substantial	Attention Required
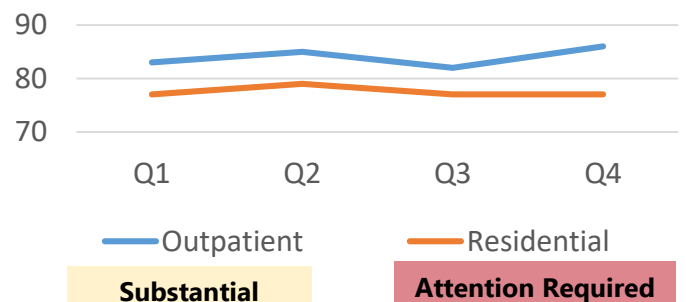
Notable, PRTF program records consistently evidenced substantial or partial compliance. The department is falling just short of substantial compliance, and is targeting supports where needed for overall department improvement.

Nursing Audit Improvements	2021	2022
Nursing Note timeliness	80%	83%
Assessment for new Residents	81%	94%
Face Sheet timeliness	84%	82%

WHY: Clients deserve a record reflecting their choices, participation & respect of their culture; records must be trauma-informed, strengths based & compliant w/ regulations.

Rate of restraint was introduced in 2016 as a way to view the restraint data without having to account for changes in census over time.

Clinical records audits meet COA standards & our own internal agency standards It became more difficult to obtain a rating of substantial compliance in 2022, and we are raising the standards again in 2023.

2022 Priority Initiatives
Employee Retention & Turnover

Person Centered	Innovative
Equity	Integrity

Attention Required

Employee retention was a major focus of 2023 Strategic Planning.

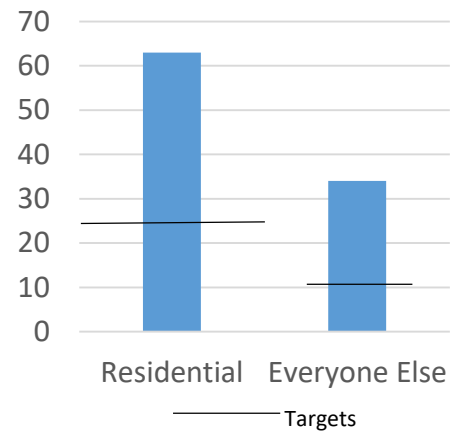**Achievements of the Retention Committee include**:

- Created & implemented a weekly reporting system for supervisors;
- Reinforced responsibilities with those who supervise;
- Provided additional tools and resources to supervisors (handbooks, checklists, articles re: importance of supervision);
- Researched, created & implemented an enhanced, more intensive training program for supervisors in the residential program.

Employee Turnover

WHY: *Increased retention provides a better experience for clients; increases resources for programs & employees; improves employee engagement & satisfaction.*

Supervisors should CELEBRATE their efforts relative to timely employee evaluations.
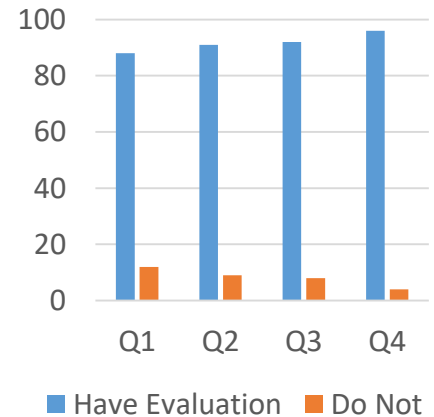
Equity	Respect
Excellence	Integrity

On Target

Performance Evaluations

■ Have Evaluation ■ Do Not

WHY: *Employees deserve feedback relative to their performance, to identify areas for their professional development, and to set goals for the year ahead.*

As a part of the retention initiative, supervisors are required to report weekly supervision data. Data is analyzed in 4/5 week periods, and used to drive discussions in the monthly PQI Committee Meeting. Next steps include identifying metrics relative to the quality of supervision provided.
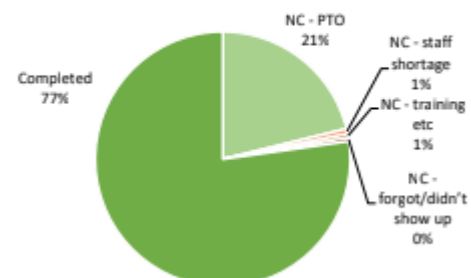
Equity	Respect
Excellence	Integrity

Monitor

Analysis of reported supervisions 12/11/22 – 1/8/33:

Completed 77%
NC - PTO 21%
NC - staff shortage 1%
NC - training etc 1%
NC - forgot/didn't show up 0%

WHY: *New data suggests that for almost 70% of people, their manager has more impact on their mental health than their therapist or their doctor.*

2022 Priority Initiatives
MCD Compliance, CLAS & Isolation Use

Equity
Integrity
Respect
Person Centered
Innovative
Excellence
Collaborative

On Target

Medicaid Compliance

Culturally and Linguistically Appropriate (CLAS) Standards

WHY: Best practice standards are at the core of our work. Establishing systems to support consistent implementation & monitoring of best practice standards is a long-standing PQI practice.

Monitoring the use of a separate 'Isolation Unit' for COVID-19 positive residents was the remaining priority initiative relative to the pandemic.

Number of Youth needing Isolation:

10

Total Number of Days Isolation Unit was used:

47

WHY: Client and employee safety is at the core of our work and highest priority.

2023 Priority Initiatives

Initiatives carried into 2023:

Supervision	Turnover	Performance Evaluations	CLAS Standards

New 2023 Initiatives:

PQI Committees

Data evidenced that participation in the PQI Committee structure had decreased, and that memberships included a disproportionate number of leadership team members. The PQI Committee structure is intended to include participation from employees, clients and families as those who know best what problems we face, and those who know best what solutions should be implemented. The structure is also designed to help develop new agency leaders & provide a place for those who want to learn or strengthen skills as Chairs and Co-Chairs.

Participation in Treatment

Clinical record audit Peer Review data suggested that there is a significant amount of client, family and natural support involvement in treatment throughout the agency. However, standards relative to signatures on treatment plans, and evidence of clear cultural considerations in treatment was an area that could be improved. Four metrics were established for 2023 and will be reported quarterly as a part of the existing audit process.

*St. Mary's introduced formal "Staff Committees" as a part of Council on Accreditation (COA) best practice standards back in the late 1980's. We are one of the earliest agencies to commit to implementing & maintaining national accreditation standards – we are "Organization **103**" with COA. Initially called continuous quality improvement', or CQI Committees, these represent a purposeful field and organizational shift. The structure ensures that employees, clients, families and other stakeholders outside 'administration' or 'management' have formal, systemic and strong voices in decision-making and problem solving at organizations including St. Mary's.*

Client Outcomes

We continue to be leaders in Rhode Island by dedicating resources & continually enhancing our expertise relative to measuring and reporting client outcomes. Below we highlight our comprehensive residential programs post-discharge research project. This project measures how long treatment gains are sustained by contacting caregivers at 6, 9 and 12 months to collect data using a standardized Building Bridges Initiative (BBI) questionnaire. This project continually evolves, and reporting is used to help inform program decisions. In late 2022 the project reached over 100 participants, and a comprehensive report will be distributed in the summer of '23 with results. **Congratulations to the PQI team** - this project was accepted at the national Association of Children's Residential & Community Services (ACRC) conference as a Poster Presentation in 2022, and as a Workshop Session in 2023.

On Target

Percentage of all residential program clients, for whom data was known, living at home (includes parents or relatives) at each interval:

6 Months 55%

**9 Months 57%

**12 Months 77%

*As of 5/30/2022
**Despite efforts to contact & engage caregivers throughout their 12 month time-period, we consistently loose participation at 9 months, and more at 12 months. Keep that in mind when viewing the data visualization above.

| Innovative | Excellence | Person Centered |

| Equity | Collaborative | Integrity |

WHY: It is our responsibility to analyze the impact our services have on individuals & groups, so we can correct what doesn't work & do more of what does.

Department Projects and Activities

All departments and programs operate under the guiding principles and values of performance, quality and improvement. Continuous quality improvement is a foundational component of accreditation with the Council on Accreditation (COA), and maintenance of accreditation has been a long-standing value at the agency, These two pages highlight a *small sample* of the excellent work being done under those guiding principles throughout the agency

Excellence	On Target

IT: IT Help Desk

Celebrate the IT team, who remain above target in all areas again this year and continually improve!

Targets:

•Resolution time 1 Day: 79%

•First response within 8 hours: 92%

•Response time has increased 41%

•The length of time it takes to resolve tickets decreased 29%

Collaborative	On Target

Human Resources: HR Efficiencies Projects

The HR team continued implementation of the onboarding tracking system established toward the end of the year prior. The tracking system will provide data to be analyzed, looking for patterns within the hiring and onboarding process. The HR team is also implementing an HR information system, GoCo which should further streamline work. **Thank you to the HR team** for investing your time, talent & energy into building new systems that will support all employees!

Person-Centered	On Target

Outpatient: The Outpatient team is to be celebrated for their continued embrace of PQI practices in all areas.

Highlights include:

• Revamped their 'waiting / client assignment' list to increase efficiency and minimize errors;

• Established a system to isolate and track each module of education that a client achieves from the Families Impacted by Sexual Abuse (FISA) curriculum. This will build data for analysis to help inform programming decisions and client outcomes;

• Piloting use of Best Notes "Outcomes Tools" program for FISA pre/post tests;

• Significantly increased use of auto-notes in the Best Notes system to increase efficiencies & better support providers with their documentation responsibilities.

Innovative	On Target

Residential Program Pilot: Youth Daily "Comm Log" Project

This project was introduced in the previous year, and grew extensively from the initial vision. **The PQI team and residential Milieu are congratulated** for their hard work and efforts related to a major initiative creating an electronic communication ('comm") log, sleep log, phone call log and staffing report.

As of this writing, the project is 8 months underway and continues to become integrated into all Houses, the residential clinical and nursing departments.

Highlights include:

• Advanced coding of a Google Sheet capturing all elements of the previously 'hard copy' Communication Log, plus additional desired data fields;

• Automated PDF is created to ensure all departments have easy Google Drive access to the Communication Logs (nursing, psychiatry, clinical, BBI, milieu);

• Provides access to data re: activities, staffing, incidents, behaviors etc. without needing to wait for monthly PQI analysis & Report;

• Increased the amount of data available to explore for patterns with individuals or groups over time;

• Electronic availability of this data has allowed for enhancements in the monthly Critical Incident data review and discussions, and will continue to evolve as implementation continues.

The Mauran Team is particularly celebrated for agreeing to pilot the system. They were active learners & advocates for expanded elements of the project, resulting in the Sleep & Call Logs. They are true SUPER USERS and coaches for their colleagues.

Excellence

BBI Team members are congratulated for their participation in enhanced Best Notes trainings in 2023 as a result of data analysis in 2022, so that their work with clients and families is more visible in records.

Three Development Directors retired in as many years since the initial onset of COVID-19 in the US. School leadership, including the School Administrator, changed multiple times in the past 5 years, and the finance department is currently experiencing three retirements within 8 months. Changes like these have some easily seen impacts, and some not so easily seen impacts. Our new Agency Value "Empathy" should be used along with our Executive Director's motto – "Be Curious" – to help us build our strength and relationships.

| **Person-Centered** | **On Target** |

Client, Staff, and Board Surveys

All adult surveys were predominantly positive. The PQI Committee made the decision to expand surveys in 2023 to include a strong element of satisfaction. The Committee will create the questions, and take ownership for changes & communications regarding the responses.

Number represents the percentage of responses that fall in each risk area

	Employees & Interns	Supervisor & Managers	Independent Consultants	Board
• On Target	86%	88%	87%	86%
• Monitor	14%	12%	0	14%
• Action Plan	0	0	13%	0

	Day Students, Hills & OP Youth	Adult Clients & Caregivers	Residents
• On Target	78%	100%	53%
• Monitor	15%	0	37%
• Action Plan	7%	0	10%

| **Equity** | **Integrity** |

| **Attention / Action** |

Exit interviews and Termination

With employee retention a priority initiative, we continue to dive deeper into termination & exit data. Initial results prompted a comprehensive dive into residential Houses, assessing for patterns related to physical restraints, youth aggression or staff injuries. Each House was also analyzed as a stand-alone entity to search for patterns that may be useful in discussion & action planning.

Brief highlights of data that helps inform our targeted discussions and helps guide action plans:
- 76 total terminations (a decrease of 30%);
- 51% of these were resignations (includes 6 due to the COVID vaccine mandate);
- 18% were policy violations or performance;
- 13% were abandoned jobs;
- 63% worked at St. Mary's for less than 1 year.
- Black or African American employees made up 30% of the total workforce (54% in the milieu), and accounted for 62% of the employees terminated for policy violations;
- White employees made up 49% of the total workforce (22% in the milieu), and accounted for 15% of the employees terminated for policy violations.

NOTE: *This is coded as Attention/Action as it relates to employee retention and disparities. The HR department is fully compliant & conducting high numbers of exit interviews.*

| **Respect** | **On Target** |

Client and Employee Grievances

There were no client or employee grievances filed in the year 2022. That is not to say there haven't been concerns brought forth, but they have been addressed without needing the formal grievance process.

| **Excellence** | **On Target** |

Training: Improvements and Enhancements
Training data is pulled from the online training system, Relias which tracks participation and provides a virtual training option (including professional CEU's and upload of our own video-taped or created trainings). The Training Report for the year prior is not completed until quarter two. That said, the COA driven 'annual enhancement plan' which has been implemented as a part of maintenance of accreditation processes remains on target. The comprehensive 2021 Report is available for those interested, and the 2022 Report will be posted as well. **Thank you to the Training Team** for their continued hard work!

| **Innovative** | **On Target** |

School: The School implemented a comprehensive improvement plan, and will be reporting & celebrating their progress in 2023. **Thank you to all School employees** for changes including implementing appropriate academic curriculum and utilizing tools such as Google Slides & Khan academy for credit recovery. These are things students can learn within a class setting and take with them beyond St. Mary's.

Development: Celebrate the Development Department who have had much success in fundraising, marketing, grant writing and communications. They also collaborated with the IT department to create the Agency Intranet, which has significantly improved communication & provided easy access to agency resources, forms and policies.

| **Excellence** | **On Target** |

Policies & Procedures:
The yearly average for compliance with reviewing policies every two years was on target at 95%. **The work of all Directors, Managers & Board Members is appreciated** relative to systemic policy reviews.

| **Equity** | **Integrity** |

| **Monitor** |

Affirmative Action / Veteran Plan:
HR and procurement practices are compliant with WBE / MBE regulations and our AA / VA Plans. Because we have improvements to make relative to board and management diversity, it falls into the monitor range.

WHY: *It's imperative to understand the views, beliefs and desires of all stakeholders to continually improve. They should be actively engaged in a variety of ways to help identify problems AND solutions.*

Risk Prevention and Management

Integrity **Excellence** **Collaborative** **Attention / Action**

Monitor

Risk Prevention and Management Activities

There are many risk management processes in place at both the employee and Board level. The Board Risk Prevention / Audit Committee and the Risk Prevention & Management PQI Committee maintain a communication & reporting structure that includes up-to-date data regarding risks and mitigation efforts. This structure also allows for communication and discussion among the full Board.

Each fiscal year (FY), a report is issued identifying where the agency ended with regard to each risk area. There are 12 identified risk areas. Until the new FY, the criteria for being on target included 'ongoing' risks, making it incredibly challenging to be on target.

FY22 ended as follows:

- On Target   16%
- Monitor   42%
- Attention   42%

Changes were introduced in the new FY to reflect a more realistic visualization of risk ratings, and that must be supported by evidence such as: *Do we have policy in place? Do we practice? Do we have experience? Do we have resources? Are they accessible?*

Innovative **Monitor**

BCP / Emergency Practice Activities

Scavenger Hunts were introduced to provide a more engaging and hand-on learning / training experience for participants. This approach helps build teams and allows for sharing of institutional knowledge.

Metrics will be established for participation, and supports put in place for those with supervision of youth responsibilities, so that we continue to expand the number of individuals prepared and practiced to assist in emergencies.

As a parallel process, the IT department continues to conduct a minimum of two disaster recovery practice drills per year with great success. Analysis of the disaster drills is utilized for additional performance & improvement practices.

Program Census

Program census can pose financial and HR risks to the agency and are consequently monitored and reported quarterly to agency leadership in the PQI Committee.

Programs running at 79% or under census goal are considered 'at risk'. Census is complex, and improves from the hard work of many including finance, HR, managers, directors, providers and admissions teams to name a few.

Thank you to the Finance Department for contributing valuable data & financial reports that help inform decisions at all levels of the agency.

Programs Under Census

Bar chart titled "Programs Under Census" showing PRTF Hope, Day Program, and SAFFE across FY22 Q3, FY22 Q4, FY23 Q1, FY23 Q2.

Excellence **Monitor**

License compliance and external reviews

Managers and Directors execute the work necessary to stay in compliance with regulations at all times. The 2022 State Fire Marshal inspection indicated code that requires sprinkler systems on the outside of our residential Houses, under the open porch. The process to obtain engineered designs, solicit proposals and complete the work surpasses the 30 day correction period. As a result, a hearing for a time-extension was required, which resulted in the need for a license change as follows: *License approved conditionally due to fire code violations. Agency will continue to work with the State Fire Marshal to rectify. Licensing will continue to monitor.* There were no other changes required as a result of any other external inspections or site visits.

Many thanks to the Facilities Team who work tirelessly to provide a safe environment for clients and employees!

The Agency Google Drive has a folder called "Emergency Resources" where useful documents are maintained that may help in emergencies. This includes 'past experiences' as a reference for what was done in the past. Because the Drive is cloud-based, it is accessible to employees from anywhere they have Wi-Fi.
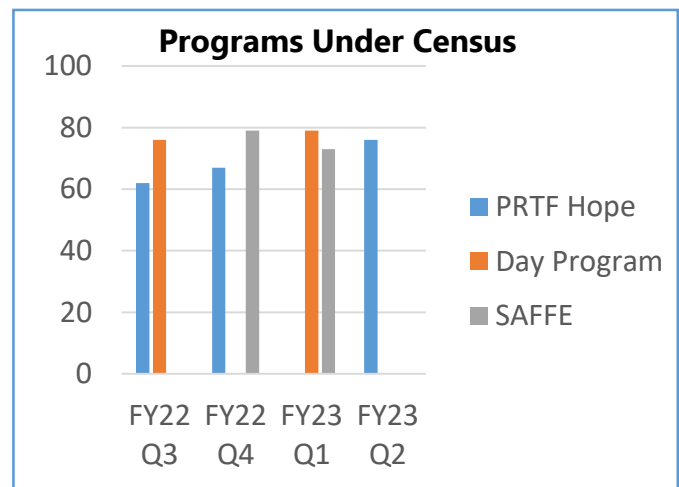
WHY: *We have a responsibility to clients, employees and external stakeholders to continuously assess, address and mitigate risks.*

PQI Department

Program Evaluations

A framework was created to guide the new practice of conducting comprehensive program evaluations. This includes but is not limited to a thorough policy review, extensive client record research and significant amounts of data extraction relative to services (e.g. appointments, log reviews, group notes etc.). Employee interviews, check-in meetings with the program director, and a final discussion of the results & action planning with the program's entire leadership team are integral elements of the process.

Everyone involved in the first three Program Evaluations were thanked for their time, their willingness to 'be evaluated', and their honesty throughout the process.

Number represents the percentage of evaluation results in each risk area

Enhanced Outpatient Services (EOS)
- No risk — 25%
- Moderate risk — 50%
- Risk — 25%

Supporting Adoptive and Foster Families Everywhere (SAFFE)
- No risk — 57%
- Moderate risk — 29%
- Risk — 14%

Psychiatric Residential Treatment Facility (PRTF) Mauran House
- No risk — 43%
- Moderate risk — 57%
- Risk — 0%

PQI projects from the previous year updates:

Policy and Procedure Re-classification
Completed. All policies & forms are in the new format and classification system, include electronic signature approvals, and are accessible on the Agency Drive.

Dashboards: Residential Program Pilot
In process. Next stages of work includes training around manipulation of data, visualization through dashboards, and analyzing data to help drive decisions.

Outcomes Tools: Expansion of use with FISA and Equine pre/post survey tools
Completed for FISA pre/post surveys, and determined not to move forward with Equine.

Ad Hoc Report Highlight
In 2022, we were fortunate to have an MSW candidate join the team. Below you will find excerpts from an Ad Hoc PQI Report they completed in response to a discussion and subsequent request from the Critical Incident Committee. The report format below is one used regularly by the PQI team.

Project Summary: This project examined incident reporting within Residential Treatment for the period of time 1/1/22 - 12/31/22. Demographic data for 843 incidents involving 115 residents were analyzed for discrepancies.

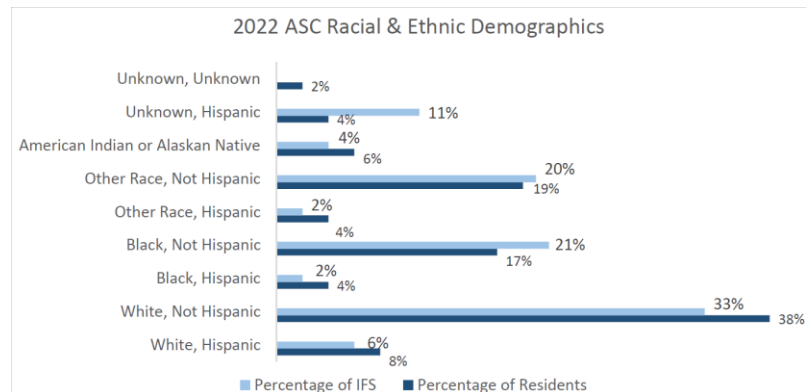**Source Material**: [Detailed list for repeatability of future reports]

Methodology: The number of residents for each program were broken down by gender, race, ethnicity and age. The number of incident forms (IF) submitted by each program (during the same time frame) were also broken down by gender, race, ethnicity and age. Their compositions / percentages were then compared.

Limitations: [Detailed, along with a statement regarding what was done as a result]

Observations from the Data: [abbreviated]
- Less than half of the youth who resided at ARTS were male. This group of residents represented close to three quarters of all reported incidents within ARTS.
- Children under the age of ten made up 29% of youth who received services at the ARTS Program. 77% of all reported incidents involved this group of residents.
- White children comprised 58% of the youth who received services in the ARTS program and 71% of all reported incidents.
- There were no discrepancies greater than ten percentage points to report for ASC Hills.
- Hispanic or Latino/a youth who resided within PRTF were more likely to receive an IF than their non-Hispanic or Latino/a peers.

Sample of Data Visualization:

2022 ASC Racial & Ethnic Demographics

- Unknown, Unknown: 2%
- Unknown, Hispanic: 4%, 11%
- American Indian or Alaskan Native: 4%, 6%
- Other Race, Not Hispanic: 20%, 19%
- Other Race, Hispanic: 2%, 4%
- Black, Not Hispanic: 21%, 17%
- Black, Hispanic: 2%, 4%
- White, Not Hispanic: 33%, 38%
- White, Hispanic: 6%, 8%

Legend: Percentage of IFS, Percentage of Residents

Strategic Practices and Process

2023: Empathy   **On Target**

Strategic Planning

The final presentation to report and celebrate progress on the 2019 – 2023 Strategic Plan was well attended. In 2022, the Board Strategic Planning / PQI Committee issued a request for proposals and interviewed three bidders to lead the board and employees through the process in early 2023. In the year ahead, we will introduce a "One Page", simplified Strategic Plan, along with new approaches to reporting, monitoring and communicating achievements of identified Goals & Milestones. **Thank you to the Board of Directors, for dedicating your time & talent to this process and for your continued support!**

Innovative   **Person-centered**   **Excellence**   **Collaborative**

On Target

Master Planning

A Five Year Master Plan was created by envisioning projects that were embedded within the comprehensive Plan as follows:

- Walking Trail and Outdoor Classroom
- Pavilion
- Teen Outdoor Hangout Space
- Mural on Gym Exterior
- Build Sensory Room in Gymnasium
- Create Welcoming Entrance & begin moving parking to campus exterior
- Create residential support wing within an existing building
- Expand Sensory Gardens
- Select agency design aesthetic and align purchases & improvements to it
- Create House 'Chill Zones', and enclose kitchens in Horton & Harding

After this Plan was endorsed, we were fortunate to be entrusted by the State of Rhode Island to build a12-bed PRTF program for adolescent females. We will ensure this project aligns with our Master Plan Vision.

5 Year Master Plan Achievements to date:

- Identified Sensory Gym location; received generous donor funding; in design / equipment selection phase.

- Engaged RI Artist/Muralist AGONZA to provide a 12-week Street Art Enrichment course to day students and residents, culminating with AGONZA's painting of a mural on the south side of the building in early Spring, 2023.

- Began interior changes in Mauran House to support a Chill Zone; received generous donor funding; expected to be completed late Spring, 2023.

- Engaged civil engineers to design and complete cost-estimate for building a new welcoming entrance and moving parking to the exterior of campus.

AGONZA & one of her murals

St. Mary's has a long history of providing services in 'the main building' (picture above), including a day care center, Kindergarten, residential programs & office based services. There were four programs running at the same time in the main building at several points in our history. We also had a building in Cranston, RI for approximately 10 years where the Outpatient Department was housed, and a building one mile away on Smith Street where "St. Martha's House" was located for a time.

PQI at St. Mary's

Stakeholder Input`

- Client, Employee, and Board Surveys
- Wellness PQI Committee
- Residential and School Parent Partnership
- Residential Youth Council
- LGBTQQ+ PQI Committee
- Staff Relations PQI Committee
- Diversity, Equity and Inclusion PQI Committee
- School Technology Committee
- Exit Interviews
- Board Nominating & By-Laws Committee

Program and Service Delivery

- Data Quality Team
- Strategic Planning
- Intake and Admissions teams
- Client Outcomes
- Program Evaluations

Performance and Improvement

- Client Record Audits
- Employee Evaluations
- Contract Monitoring
- PQI Committee
- Standards of Excellence Training Program
- IT Helpdesk
- Employee Termination Analysis
- Board Strategic Planning & PQI Committee

Risk Prevention and Management

- Critical Incident Review PQI Committee
- Safety PQI Committee
- Risk Prevention and Management PQI Committee
- External Auditing and Reviews
- Regulatory Inspections and Site Visits
- Client and Employee Grievances
- Affirmative Action Plan
- Business Continuity Plan
- Policy Review
- Board Personnel Committee

Financial Viability

- Board Executive Committee
- Board Finance Committee
- Audit and Risk Prevention Committee
- Program Census
- Development Reporting
- Board Development & Marketing Committee
- Master Planning
- Board Buildings & Grounds Committee

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10 — # of Critical Incident deep dives

647 — # of client records audited for billing or treatment

184 — # of outcomes survey phone calls

57 — # of standard PQI reports completed

22 — # of Ad Hoc reports, small & major projects completed
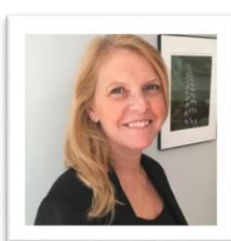

Meet the Team

Carlene Casciano-McCann, MA, CAGS
she/her/hers
Executive Director

Linda Mobriant, M.S.W.
she/her/hers
Director of PQI & Operations

Suellen Rizzo Gordon, L.I.C.S.W.
she/her/hers
PQI Program Analyst

Cassandra Sierra-Patev, B.S.
she/her/hers
PQI Data Quality Analyst

Kristen O'Malley, BA
she/her/hers
MSW Intern